



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY**

INSTITUTE OF COMPUTER SCIENCE AND INFORMATION TECHNOLOGY (ICSIT)

P.O. BOX 62000, NAIROBI TEL: 067-52711/52181-3 icsit@jkuat.ac.ke

UNDERGRADUATE PROGRAMMES APPLICATION FORM

1.0 PERSONAL DETAILS

SURNAME:..... Other Names:.....

Date of Birth:.....Sex (M/F):.....

Nationality:..... ID. No.....

Correspondence Address:.....

Permanent Address:.....

Telephone:..... Email:..... Fax:.....

2.0 EDUCATION

| Schools/Colleges Attended | Dates | | Qualification Attained |
|---------------------------|-------|----|------------------------|
| | From | To | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

NB: attach certified copies of the relevant certificates

3.0 PROGRAMMES SELECTION

Programme Applied For (Tick Appropriately) Bachelor of Science in Computer Technology
 Other (specify)

4.0 SPONSORSHIP

Name of Sponsor:.....

Relationship:..... Address:.....

Telephone:..... Email:..... Fax.....

5.0 TERMS AND CONDITIONS

- i Only application forms for which the application fee has been paid will be processed.
- ii Consideration for admission will be based on qualifications of the applicant as presented in this application form.
- iii Final selection will be merit-based.
- iv Any information found to be false could lead to disqualification of the applicant and also to discontinuation from the University even after admission.
- v In addition to tuition fees, other university fees will apply.
- vi The Institute accepts no liability whatsoever for any injuries inflicted during the course of the training.
- vii The Institute does not accept any liability for loss or damage to nay property brought or left on the premises by students.
- viii Students will be charged for any damages caused to equipment by their negligence.
- ix Certificates will only be awarded after the fulfillment of all the particular course requirements.

6.0 DECLARATION

I,, declare that the information given in this form is correct. I further certify that I have read, understood and agreed to comply with the notes on application stipulated herein.

Signature..... Date:.....

SPONSOR'S UNDERTAKING

We, the undersigned, hereby confirm that the applicant will be sponsored by ourselves for the listed courses. Please bill us. Payment will be made within..... Days.

Name of sponsor:..... Authorized signature:.....

Date:.....

7.0 FOR OFFICIAL USE OLY

| Serial No. | Receipt No. | Date Application Received | Applicant Qualified (Yes/NO) | Year of Admission |
|------------|-------------|---------------------------|------------------------------|-------------------|
| | | | | |

Officer Verifying information

Name: Signature: Date:
 Director, Institute of Computer Science and Information Technology (ICSIT)

Signed:..... Date:.....